

02/15/01

J1055 U.S. PTO

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL


Address to:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	HR-63621
	First Named Inventor	Nicholas J. Bonge, Jr.
	Original Patent Number	5,872,516
	Original Patent Issue Date (Month/Day/Year)	February 16, 1999
	Express Mail Label No.	EL 521787309 US

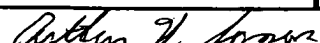
APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment (7 pages)
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Other: Express Cert. No. .... EL 521787309 US Check No. 11850 for \$570.00

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).


## 14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below
(Insert Customer Number or Bar Code label here)		
Name	24982 PATENT TRADEMARK OFFICE	
Address		
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Country	Telephone	Fax

NAME (Print/Type)	Arthur K. Samora	Registration No. (Attorney/Agent)	43079
Signature		Date	2/15/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) HR-63621		
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))  Independent Claims (37 CFR 1.16(i))	(B) 35	**** 15 =	x \$ 9 =	135	or	x \$ ____ =	
(C) 7		(D) 9	* 2 =	x \$ 40 =	80		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$355		\$ ____	
Total Filing Fee					\$570	OR	\$ ____	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		or	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 570.00 to cover the filing / additional fee is enclosed.</p>								
<u>2/5/02</u> Date		 Signature of Applicant, Attorney or Agent of Record						
Arthur K. Samora, Reg. No. 43,079 Typed or printed name								

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**REISSUE APPLICATION BY THE INVENTOR,  
OFFER TO SURRENDER PATENT**

Docket Number (Optional)  
HR-63621

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Nicholas J. Bonge, Jr.

Patent Number 5,872,516

Date Patent Issued February 16, 1999

Title of Invention  
ULTRASONIC TRANSCIEVER AND REMOTE CONTROLLED  
DEVICES FOR PETS

I am the inventor of the original patent.

I offer to surrender the original patent.

1. ☐ Filed herein is a certificate under 37 CFR 3.73(b).
2. ☒ Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Date

Typed or printed name

Nicholas J. Bonge, Jr.

The assignee owning an undivided interest in said original patent is \_\_\_\_\_,  
and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Signature of person signing for assignee

Date

Typed or printed name and title of person signing for assignee

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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